SAT		
FRI		
ТНО		
WED		
TUE		
MON		
SUN		
Name of Medicine/ Directions		

This information was prepared by the Federal Citizen Information Center, Pueblo, CO, and is also provided by: California State Board of Pharmacy 1625 N. Market Blvd., Suite N-219 Sacramento, CA 95834 (916) 574-7900 www.pharmacy.ca.gov



# Do you sometimes forget to take your medicines?

Thirty to 50 percent of patients do not use medicines as prescribed. Forgetting to take your medicine as directed by your health care provider is considered medication misuse, and such misuse can interrupt your drug therapy and may affect your health.

According to the National Pharmaceutical Council, Inc., of Reston, VA., the costs of prescription medicine misuse and adverse reactions in the U.S. total more than \$20 billion per year. Add lost productivity to that, and the annual costs shoot up to \$100 billion.

### Medication Misuse Among Older Adults

Two of the more common reasons for medication misuses among older adults are:

- Forgetting to take doses; and
- Taking doses at the wrong time.

If you are age 64 or older, chances are that you are taking several prescription medicines—that must often be taken at different times—so it may be difficult to remember which medicine to take when. Having a system in place for remembering to take your medicines on schedule can help you get the maximum benefit from them.

One of the easiest ways to stay on schedule is to have a written record of your medicines, the times to take them, and an indication that they have been taken.

On the next page is an example of how to set up a medicine reminder chart. Record your medicines and the times you are supposed to take them. Checking off the medicines as you take them lets you know you are on track with your therapy.

#### Other memory aids include:

- Pill boxes with easy-to-open compartments for each day of the week (available at your pharmacy);
- Having a friend or caregiver telephone you to remind you when it is time to take your medicine;
- Color coding each medicine with colored dots and placing matching colored dots and the dosing time on your calendar.

## Multiple Medications Check-off Chart Example

Name of Medicine/ Directions	MON	TUE	WED
Medicine # 1 Once in <b>A.M</b> .	8	8	8
Medicine # 2 3 times a day	8 2 8	8 2 8	8 2 8
Medicine # 3 Once at <b>bedtime</b>	10	10	10
Medicine # 4 Once a week	8		